

<b>Case Number:</b>	CM14-0114480		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 55 year old male who was injured on 2/5/2003 after falling off of a rail car. He was diagnosed with injury to his cervical spine and lumbar spine, and was later diagnosed with lumbosacral neuritis, joint pain, carpal tunnel syndrome, brachial neuritis, bilateral shoulder pain, bilateral knee pain, and chronic pain syndrome. He was treated with various medications, including anti-epileptics, antidepressants, muscle relaxants, NSAIDs, opioids, and antipsychotics. He was also treated with surgery (cervical, right shoulder, and lumbar) and trigger point injections. On 4/29/14, the most recent progress note provided prior to the request date, the worker was seen by his pain specialist physician reporting pain in his low back, left shoulder, and bilateral hands rated at 7/10 on the pain scale. He reported that his medications as well as rest decrease his pain. Physical examination revealed steady gait, tenderness at shoulders, hands and knees, and no acute distress. His medications (MS Contin), Norco, Lyrica, Seroquel, Zoloft, Zanaflex, and lactulose) were all recommended to be continued. He was given an injection of Toradol and asked to return in 1 month. No other notes were provided after this date, however, a request for a caudal pain catheter with fluoroscopy was submitted on behalf of the worker without explanation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Caudal Pain Catheter with Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 39, 41.

**Decision rationale:** The California MTUS Chronic Pain Treatment Guidelines state that epidural tunneled catheters allows for long-term pain-reducing therapy. Epidural pain blocks or neurostimulation via catheter is only to be considered for severe and persistent chronic pain, such as in CRPS, and only when analgesia is insufficient by pharmacologic means to support physical therapy, including injected epidural blocks. In the case of this worker, it is not clear as to the reasoning for the caudal catheter placement or the purpose. It is not clear if the worker had already attempted epidural injections, as this was not included in the notes provided for review. Based on the documents provided, there is insufficient evidence to suggest that this worker is a candidate for an epidural catheter placement procedure, and therefore, it will be considered medically unnecessary.